

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/674014 FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
2					
3					
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48					
49					
50					
TOTAL IND.	2				
TOTAL DEP.	13				
TOTAL CLAIM:	15	15	15	15	15

IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					